DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Conference Rooms A & B, Research & Development Centre, Kingsway, Derby DE22 3LZ

Wednesday, 28 January 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm Closed: 4:30pm

Prior to resumption, the Board met to conduct business in confidence where special reasons applied

PRESENT:	Mark Todd	Chairman
	Caroline Maley	Senior Independent Director
	Maura Teager	Non-Executive Director
	Jim Dixon	Non-Executive Director
	Phil Harris	Non-Executive Director
	Ifti Majid	Chief Operating Officer/Deputy Chief Executive
	Claire Wright	Executive Director of Finance
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Dr John Sykes	Executive Medical Director
	Jayne Storey	Director of Transformation
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications
	Sue Turner	Executive Administrator and Minute Taker
For item DHCFT 2015/02	Ms J	Service User and Carer
For item DHCFT 2015/015	Harinder Dhaliwal	Assistant Director for Engagement and Inclusion
For item DHCFT 2015/016	Dr Petrina Brown	Consultant Clinical Psychologist
For item DHCFT 2015/016 &17	Peter Charlton	General Manager IM&T
For item DHCFT 2015/016 &17	John Staley	Project Manager
	Visitors:	
	John Morrissey	Council of Governors
	Carole Riley	Derbyshire Voice Representative
	Ollie Clews	Derbyshire Voice Representative
APOLOGIES:	Steve Trenchard	Chief Executive
	Tony Smith	Non-Executive Director
	Graham Gillham	Director of Corporate and Legal Affairs
	Allan Bannister	Derbyshire Voice Representative

DHCFT 2015/001	**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST** The Chairman opened the meeting by welcoming all present. **Declarations of Interest:** No declarations were noted.
DHCFT 2015/002	**MY STORY – MY FAMILY AND THEIR EXPERIENCE OF CAMHS** The Board welcomed Ms J the mother of a 19 year old girl with Atypical Autism alongside sensory processing difficulties who described her experience of the Trust's mental health service for young adults with autism and how the service failed to provide appropriate help once her daughter reached the age of 18. Ms J explained that verbal communication is always difficult with people who have autism. Her daughter was anxious about her appointment with the clinician and had prepared written information to help her converse but this information was refused and she was told by the clinician that if she couldn't talk she couldn't be helped. Ms J felt that people with communication difficulties should be treated with compassion and be provided with the same level of support for interpretation as people who are deaf or who have language difficulties. Clinical staff should adapt their style to help people communicate and that people with autism should be asked how they would like to be communicated with during their appointments. Ms J further reported that other staff in the assessment service had not adjusted their assessment or communication skills based upon her daughter's diagnosis and specific needs. She had a similar care experience with the Eating Disorders service; this had been coupled with restricted access on entry to the service. Ms J suggested simple and effective communication methods that would have worked for her daughter that should and could have been routinely employed. She gave a detailed summary of a NHS service which had made adjustments with great success and impact upon her daughter Patient confidentiality became a problem once Ms J's daughter reached 18. Chronologically she was an adult but her development meant she was still a child but Ms J was no longer allowed to accompany her daughter for treatment or be consulted with regarding her treatment. However, since Ms J had been involved with Carolyn Green and Gary Stokes following an open meeting at a Healthwatch event, her daughter was receiving better support and access and a specialist Nurse Consultant, Gaynor Ward and Specialist Nurse, Julie Sankey had communicated with her daughter using a method of her daughter's choice. The impact of using alternative communication needs, giving extra time with no limit had transformed her daughter's experience of care and engagement. Giving guided and additional information on how to access services and what to expect had been really helpful and this had also been experienced when Ms J had met staff form the Crisis team. The Chairman commented that he had found Ms J's story very humbling to listen to and that the Trust had a duty of care to offer service users with autism appropriate and adjusted services. He proposed that Hospital teams would be coached / given feedback on this specific family's patient experience so they could use the appropriate level of care and consideration when dealing with people who had difficulties with communication. Ms J made the point that she had to fight for proper care for her daughter and she felt sad that some people with an autistic child would not be in a position to

	be able to do this. She believed the system was costing lives as people with autism have a high tendency to commit suicide and her daughter was always at risk of taking her own life. Ms J compared services within mental healthcare with A&E where she would have quick and rapid access for a life threatening heart attack in A&E but she felt mental healthcare was treated differently. She stated there was no parity of esteem. To restrict access to a service and to have a waiting list for autism service and no specialist service was unacceptable. Maura Teager felt dismayed that communication had not been adjusted to meet Ms J's daughter's needs and that a specific approach to sharing information and confidentiality had been taken. Carolyn Green confirmed that the Divisional / Head of Nursing for the area had been given a copy of the letter from Ms J and would be feeding back to the team and developing with the wider nursing team some additional training to support, together with refreshing of core skills. Clinicians' relationships with families should be so robust that they could helpfully care for people who find communication difficult. Also, the person or carer who understood how communication should be conducted must be included in all of the multi-professional consultations. Maura Teager pointed out that there was a chasm between autism and people with learning difficulties and clear learning into family inclusive practice and confidentiality. She was pleased Ms J would be meeting with Dave Gardner and commissioners to tell her family story to address the needs for young people with autism. John Sykes said he agreed with everything Ms J had expressed. He agreed with Maura Teager's observations that if someone could not communicate verbally imagination should be used to find a way of communicating with that individual. Clinicians have a duty of care to make their appointments work well and they must communicate with individuals appropriately and understand that specialist intervention is sometimes required. Doctors receive regular development and learning and he would ensure that appropriate coaching on working with people with communication difficulties would form part of their professional development. Carolyn Green said changes to the confidentiality issue relating to age should be considered as a starting point for improvement and she wanted to assure Ms J that the head of nursing would spend time with the staff who dealt with her daughter to reflect on their practice and would ensure that the Trust would appropriately address the relationship between young people, autism and mental health. Ms J added that a key issue was the gap between her positive experience in CAMHS and the falling off a cliff edge experience when entering Adult Mental Health. She expressed the need for a 0-25 children and youth service rather than traditional age 18 boundaries. Ms J confirmed that both her children's psychosis had been treated by the early intervention service as this had been the closest and most appropriate service. The loss of social care support for her daughter had produced a devastating impact and had resulted in a more high cost service offer. She felt this could have been avoided, instead a support worker could have provided weekly support for a few hours at a very small cost. The Chairman said it was important that Ms J shared her family's experience with the Board. He would ask the Quality Committee to pursue the matter of inequalities within the autism service so the Trust could address the issues she raised. He felt some good constructive actions would take place because Ms J had told her story and he assured her that he and members of the Board would

	read the transcript she had prepared. The Chairman and members of the Board thanked Ms J for attending the meeting and sharing her story and assured her that immediate actions would be taken with the Trust's commissioners to improve the level of service provided to young people with autism. **ACTION: Quality Committee to pursue inequalities within autism services.** **ACTION: Coaching in communication difficulties within autism to form part of medical staff's professional development programme.** **RESOLVED: The Board expressed thanks to J for sharing her story and asked the Executive Directors to seek the necessary assurance regarding the current service.**
DHCFT 2015/003	**MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 26 NOVEMBER 2014** The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 26 November 2014, were accepted and approved, subject to the attendance list being corrected to record Jayne Storey, Transformation Director in attendance. It was agreed that the sentence *"Carolyn Green thought the paper was excellent and asked for this to be directed to John Sykes."* on page 7 would be deleted as it was considered to be out of context.
DHCFT 2015/004	**MATTERS ARISING** **ACTION MATRIX** All green completed items were to be removed from the matrix and the following updates were noted: **DHCFT2014/138: Issues arising from Board for inclusion or updated on BAF** - Board members were requested to send updates to Carolyn Green and it is anticipated that this matter will be closed in December. Completion of this exercise was evidenced in the Audit Committee. Action complete. **DHCFT2014/149: Committee Reports** – Actions from internal audit, revised report front sheet and Terms of Reference and Scheme of Delegation would be now be covered in the March meeting of the Audit Committee and then to the Board. **DHCFT2014/151: Health & Social Care Act: Fit & Proper Person Test –** Established in the Board Development Programme and to be completed by the February Board meeting. **DHCFT2015/02: Patient Story – Experience with CAMHS** - Quality Committee to pursue inequalities within autism services. Coaching in communication difficulties within autism to form part of medical staff's professional development programme. **DHCFT2015/06: Chief Executive's Report** - Anna Shaw and the Comms

	Team to be informed of changes within the neighbourhood services. **DHCFT2015/08: Corporate Governance Framework –** Agenda item for February. **DHCFT2015/010: Committee Summary Reports** - Actions to address consistency and level of detail of the summary reports would form part of the governance framework exercise. **DHCFT2015/012: Workforce Strategy** - Staff survey results to be presented to the Board in March and sickness absence related to stress be considered at the next meeting of ESEC. **DHCFT2015/016: Integrated Performance and Activity Report and Safer Staffing Jayne Storey** to monitor/analyse attendance at inductions. Ifti Majid and Jayne Storey to hold discussions on the position of the workforce dashboard. **DHCFT2015/016: Waiting Times Deep Dive -** Data on waiting times would be reported to the Finance and Performance Committee as part of the Performance Report on a regular basis. Report on working with psychology teams to improve waiting times to be taken to the Quality Committee for support. Contract issues to be revisited and factored into neighbourhoods and skill mixing. The financial aspect of waiting times would be brought to the Finance & Performance Committee in the form of a first update report. **DHCFT2015/017: EPR Update and Lessons Learnt** - A further progress report would be brought to the Board in 6 months and forward plan to reflect this. **DHCFT2015/018: Board Forward Plan -** Refresh of the Forward Plan would take place in consultation with all executives and changes co-ordinated through Sue Turner.
DHCFT 2015/005	**CHAIRMAN'S REPORT** The Board noted the Chairman's report which summarised his meetings and visits during the month. **RESOLVED: The Board received and noted the Chairman's report.**
DHCF/ 2015/006	**CHIEF EXECUTIVE REPORT** Steve Trenchard was not present at the meeting to discuss his Chief Executive's report. The Chairman pointed out that there were two sections to this paper and that the second report advised the Board of changes to the structure within the Neighbourhood Teams. He drew attention to reference 3.1 in the first report concerning the work carried out with carers and wished to endorse the support carers provided to those they cared for and to each other. The Chairman asked if the Board were content with the findings of both reports. Claire Wright said that the new front sheet for reports to the Board should highlight the areas for board assurance and that reference to the specific BAF risks could have been included. Furthermore Claire Wright asked if the changes being proposed increased the risk to delivery. The Chairman said he believed

	the conclusion of these discussions was that the overall risk of this project had been reduced by the changes and potential immediate savings had also been reduced and he drew attention to the consultations carried out with staff throughout this exercise. Ifti Majid said that mitigating actions would be looked at within the neighbourhood efficiency programme monitored via the Programme Assurance Board and it was anticipated that savings would still be required to come from within the current service line. Phil Harris asked how decisions were communicated by the Comms Team. Anna Shaw replied that the Comms Team was doing its very best to focus on the right form of communication. She asked to be provided with early clarification on the precise local leadership within the neighbourhood services as this would be crucial for ensuring successful and accurate communication within the Trust. The Board agreed that the report on the Neighbourhood Teams was an evolving issue and progress would be noted from the further reports scheduled to be brought to the Board. **ACTION: Anna Shaw and the Comms Team to be informed of changes within the neighbourhood services.** **RESOLVED: The Board received and noted the Chief Executive's Report and the report on Changes to the Neighbourhood Team Structure.**
DHCFT 2015/007	**<u>FINANCE DIRECTORS REPORT MONTH 9</u>** The Month 9 Report provided the Trust Board with an update on the current financial performance against the operational financial plan, as previously submitted to Monitor, the Regulator of Foundation Trusts. The report included key financial information as at the end of October 2014 and is consistent with the information submitted in the quarter 3 Monitor return. • The Trust achieved an underlying surplus of £0.1m in this month which was ahead of plan by £24k. This slightly increased the year-to-date favourable variance to £2.4m better than plan. A predicted significant change in run-rate and additional expected expenditure for the remainder of the financial year meant the organisation was forecasted to be £0.8m ahead of plan at the end of the financial year. • The forecast year-end position had adversely changed this month by £0.3m, mainly due to the impact of changes related to the reduction in the pension's discount rate and also in increased in PDC related to the planned revaluation of the Trust's estate. • Continuity of Service Risks Rating (COSRR) was 4 at the end of the December which is above the plan of 3. A rate of 4 is forecast for the end of the financial year which is better than plan of 3, which is mainly driven by the liquidity metric. • Cash continued well above plan due to fewer payment runs related to the Agreement of Balances exercise and again this month a net current asset position was reported. This was a notable achievement and is ahead of planned trajectory (allied to the level of surplus).

	• Cost Improvement Programme (CIP) is slightly behind year to date due to profiling of schemes but is fully assured to be achieved at the end of the financial year. • Capital expenditure remained behind plan due to the phasing of the schemes but is forecast to achieve the full plan by the end of the financial year. A re-forecast has been completed as part of the Quarterly return to Monitor. Carolyn Green raised the point that the under-spend reported was not a planned position and that a significant portion of the under-spend was due to delays in recruitment. The vacancy rate resulted from the fact that there less people in the market to fill vacancies within the Trust. Increased costs had been incurred in covering vacant roles with agency and bank staff and the quality of temporary staff had not always been of a good standard. The Francis effect had increased the demand for nursing across the board and the Trust was trying to be competitive. Claire Wright confirmed that the pay estimates that had been shared were being assimilated into budget setting. With regards to capital expenditure, Ifti Majid made the comment that the Trust was adrift from plan, although it was forecasting to get back on plan and he asked how Monitor would view this and how confident Claire Wright was that it was achievable. Claire Wright said that as part of the quarter 3 return planned progress this would be evident in the reforecast sheet. She thought Monitor would be comfortable with this, especially as this was triggered last year and the Trust met its plan. She further clarified that the delay was due to mobile devices and testing and procurement of kit would take place in the final quarter. The Chairman heard Claire Wright's explanation and felt that it can be quite common for capital expenditure to fall later in the year. Claire Wright confirmed that she had sought and received specific assurance from the Head of IM&T that spend would be appropriate and to plan. **RESOLVED: The Board obtained assurance on the current financial performance in 2014/15.**
DHCFT 2015/008	**<u>CORPORATE GOVERNANCE FRAMEWORK</u>** Due to the absence of Graham Gillham, the Board agreed that this item would be deferred to its next meeting in February. **ACTION: Agenda item for February.**
DHCFT 2015/009	**<u>INFORMATION GOVERNANCE QUARTER 3 REPORT</u>** This report provided a performance update on Quarter 3 progress towards meeting the requirements of the 2014-15 Version 12 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring. • The IG Toolkit performance update was submitted on 31 October 2014 at 65% and not satisfactory. The anticipated target of 96% would be satisfactory by 31 March 2105

	• The IGC continues to progress the agreed work programme • There was a marked decrease in the number of reported IG incidents and no new reportable incidents this quarter • The risks remained the non-attainment of the training target especially in light of the current sickness level, and reportable IG incidents. • Ifti Majid pointed out to the Board the positive relationship between the Trust and the Information Commissioners Office. **RESOLVED: The Board accepted the Quarter 3 Update report and was assured that work was progressing and remained on target. The Board was also assured that IG breaches were monitored and responded to appropriately including any actions required.**
DHCFT 2015/010	**<u>COMMITTEE SUMMARY REPORTS</u>** **I. Finance & Performance Committee:** The Board was satisfied with the assurance and actions summarised in the report. **II. Quality Committee:** The Board was satisfied with the assurance and actions summarised in the report. Maura Teager, on behalf of the Quality Committee, recommended to the Board the establishment of a new committee that would report directly to the Board to monitor and gain assurance on Safeguarding Children, Safeguarding Adults and Safeguarding Families. The draft terms of reference were noted by the Board and would be redrafted to be consistent with the terms of reference of the other Board committees. Maura Teager added that Tony Smith, Chair of the Mental Health Act Committee, had agreed to act as the second Non-Executive Director on this new committee. It was noted that the Chairman and members of the Board were happy with this recommendation and asked that implications on capacity and specifically resources and timing of these quarterly meetings be carefully considered by the executive team. **III. Mental Health Act Committee:** The Board was satisfied with the assurance and actions summarised in the report. **IV. Audit Committee:** Caroline Maley provided a verbal summary of the meeting of the Audit Committee that was held on 23 January and she would submit a written report to the February meeting of the Board. The committee chairs agreed that guidance would be sought to achieve a consistent style of reporting and a decision reached on the level of detail contained within the summary reports. **ACTION: Actions to address consistency and level of detail of the summary reports would form part of the governance framework exercise.** **ACTION: The Executive Team to review resources required to support the committee system as revised and advise the Board.** **RESOLVED: The Board:**

	1. Noted the contents of the Committee Summary Reports and was assured by the activities and themes. **2. Established the Safeguarding Children, Safeguarding Adults and Safeguarding Families Committee as a Board level Committee**
DHCFT 2015/011	**<u>POSITION STATEMENT ON QUALITY</u>** The Position Statement on Quality provided the Trust Board of Directors with an update on continuing work to improve the quality of services provided in line with the Trust's Strategy, Quality Strategy and Framework and the Trust's strategic objectives. The report updated the Board on the extensive preparations for the Care Quality Commission inspection. Carolyn Green informed the Board that information, together with some background about the Care Quality Commission had been made available to all new starters in the Trust. Attention was drawn to the development of the PARIS and the clinical patient record system with a dashboard report for quality monitoring so that in 2015/2016 a more accurately driven clinical performance report in this domain should be available. This was yet to be agreed with the EPR project group and Clinical Reference Group. **RESOLVED: The Board of Directors noted the Quality Position Statement.**
DHCFT 2015/012	**<u>WORKFORCE STRATEGY</u>** The Workforce Strategy report offered a high level update to the Board on progress made since October 2014 on the Workforce Strategy in the five key areas: • Engaging people • Educating and developing people • Maximising the potential of people • Peoples' working environment • Management of Change Jayne Storey asked for the Board's patience while she analysed the different aspects of the strategy and pointed out that the next report would focus more on future needs. She added that progress had continued in all the above key areas and the Workforce Strategy would be refreshed to ensure it would be developed as an enabling strategy to demonstrate alignment between workforce needs, development, leadership and education as well as the wider transformation programme. The staff survey results are due to be published in February and presented to the Board in March and would identify the progress made in the previous twelve months and focus activity in 2015. Caroline Maley asked how the staff survey response rate of 45% rated on a national level and she was advised that this was seen as an improvement on last year and would be reported on further at the next meeting of the Board in March. In response to Maura Teager's remark on how serious was the engagement of the Trust's people and what level of commitment was there from other agencies,

	Jayne Storey replied that the next stage would be to test that commitment but she did not believe this had progressed enough yet. Maura Teager asked whether sickness absence related to stress was concentrated in any one area. Ifti Majid and Jayne Storey explained that this information could be provided and Maura Teager asked that this matter be considered by the Employee Strategy & Engagement Committee (ESEC). Claire Wright wished to congratulate Jayne Storey on her energised approach to the Workforce Report and looked forward to receiving additional workforce planning information that could be triangulated with the financial information. **ACTION: Staff survey results to be presented to the Board in March and sickness absence related to stress considered at the next meeting of ESEC.** **RESOLVED: The Board:** **1. Received assurance from the progress on the workforce strategy and key metrics** **2. Noted the intention to refresh the strategy in line with the transformation programme and wider system.**
DHCFT 2015/013	**RESEARCH AND DEVELOPMENT CENTRE UPDATE** John Sykes provided the Board with an update on the activity of the Trust's Research and Development Centre. The report highlighted the main areas of activity in research relating to National Research participation and local areas of focus in compassion, dementia and self-harm and suicide prevention and he pointed out that this report had already been considered by the Quality Committee at its meeting on 15 January. The Chairman thought this was a very positive report and asked that in future the Quality Committee consider the Research and Development update reports and escalate appropriately to the Board. **RESOLVED: The Board:** **1. Noted the content of the report.** **2. Received assurance from the activity reported that research and development is making a positive impact on the quality of the Trust's services.**
DHCFT 2015/014	**OUT OF AREA BED USE 2013-14** General Manager, Urgent Care, Sarah Butt was asked by the Mental Health Act Committee to provide a paper for the Trust Board on out of area bed usage for 2013-14 and this paper was presented to the Board by John Sykes. 2013-2014 saw increased demand locally and nationally and this had been sustained over a considerable period resulting in reliance on out of area acute beds. July and December 2013 saw the highest level with both months seeing 17 Derbyshire patients being treated in acute out of area beds. This increase in pressure was understood to be a national issue and not Derbyshire focused. The Board recognised that demand for inpatient service was high and that out of area beds cost was excessive and was a financial risk. Poor patient experience had posed challenges for assurance on quality of care being delivered to patients cared for in this manner and placed additional

	pressure on the home treatment service. It was noted that a proposal was submitted to commissioners to resolve the pressures by opening an additional ward providing a net gain of 5 beds. A fourth ward did open in April 2014 and for the first quarter of 2014 the Trust had no out of area acute admissions. Maura Teager asked if there was a reason for the peaks in out of area bed use in July and December and Ifti Majid thought this might be due to availability of community staff at these peak times. The Chairman recognised that this paper related to a much larger subject and that the Trust's long term strategy would be to reduce bed capacity over time and provide more services within the community environment. Nevertheless, it was very unsatisfactory for a significant number of people to be placed out of area. Ifti Majid informed the Board that Monitor had raised this particular issue and requested data from all mental health trusts on the number of out of area patients. Carolyn Green pointed out that some Trusts have 40–50 people occupying out of area beds at any one time. Since the opening of the new wards additional capacity had been created. Before this out of area bed occupancy had peaked at 8 and the current average rate was now 2 or 3. **RESOLVED: The Board of Directors noted the content of the paper provided and that the proposed realignment of services in 2015 would aim to address this issue.**
	EQUALITY DELIVERY STATEMENT Harinder Dhaliwal, Assistant Director for Engagement and Inclusion provided an update report to the Board of Directors on the annual Equality Delivery System 2 (EDS2) rating for 2014/15 and associated equality objectives. The report presented the findings of a desk top equality review of EDS2 Goal 4 Inclusive leadership and it was clear that the Trust's rating was positive and had improved from Amber to Green and this has been nationally recognised. It was pointed out that the equality review of the Board papers upon which this report was based, needed to be considered in the context of the wider review of policies and review of the Trust's REGARDS Equality Impact Analysis (EIA) Toolkit and Policy. A number of recommendations were contained in the report that sought to build upon existing good practice and to address areas in need of development. It was noted that good practice was evident in the reports to the Board that were selected for scrutiny. Maura Teager enquired about the fifth recommendation that asked for positive or negative impacts to be looked at as she believed that the organisation was performing stronger on this. She asked whether this promoted specific specialised services to a vulnerable group and if this was identified as positive for all the right reasons. Harinder Dhaliwal pointed out that the group for deaf people was used as a good example to illustrate that people wished to be part of mainstream services rather than specialised services. The Chairman believed the Trust did things well but this was not necessarily documented effectively and there was also a sense that some matters had been routinized. Harinder Dhaliwal replied that she thought there were some

	challenges contained within the report. She felt the key thing was for the Board to think harder about these admissions and when members of the Board read a report they be armed to think about the groups of people and their ability to access services. She was really appreciative of this and had observed that there was more work to be done. Caroline Maley was of the opinion that some guidance was needed to consider work done within the other committees and there should be more clarity about what was actually meant about consultation in order to ensure the activity undertaken was dealt with appropriately. Harinder Dhaliwal invited members of the Board to attend Equalities and cultural capability training that covered the work in partnership with all sectors within the 4Es and wider circulation of this activity would be extended to governors. Carolyn Green welcomed the report and the majority of the challenge and rigour it contained. She did challenge some of the very specific opinions and accuracy of some of the findings but these were minor detail issues of process rather than the majority of the paper which clearly identified a refocussing of equality issues and REGARDS in every aspect of monitoring the Board papers. She raised the recent publication of the Snowy White Peaks of the NHS: a survey of discrimination in governance and leadership and the potential impact. She believed the implications of strategic changes for the entire workforce were contained within this paper and that it would be worth bring this matter back to the Board at a further stage following a review of the recommendations at a Trust wide working group. **ACTION: A review of the publication of the Snowy White Peaks of the NHS (2014) to take place at ESEC (Employee Strategy & Engagement Committee) for associated recommendations to be made to the Board.** **RESOLVED: The Board of Directors:** **1. Noted the EDS2 14/15 Grading (subject to final validation by 4Es Stakeholder Alliance 17/2/2015) and support the proposal to present the annual Equality & Diversity Report and progress against equality objectives in April 2015.** **2. Accepted the findings, learning and recommendations set out in the accompanying report - desk top review of Board papers for equality impact and related risks (Appendix 2 section 4) and asked that these be reflected on in the production of and discussion on Board reports**
DHCFT 2015/016	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u>** Ifti Majid provided the Board with a definition of the Trust's performance compared against its Key Performance Indicators (KPIs) together with the actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is actively monitored and corrective actions put in place where appropriate. Areas covered in this report included the main performance indicators, health visitors, IAPT, workforce, ward safer staffing and waiting times and were summarised as follows:

	• Compliance with the CPA 12 Month Review Monitor target continued to be a challenge • CPA 7 Day follow up recording had improved over the last three months • The rate of Trust cancellations and DNAs in outpatients continues to cause concern Ifti Majid pointed out to members of the Board that a new position would be reissued following the immediate actions underway to resolve the CPA (Care Programme Approach) 12 month indicator and a statement agreed for the Quarter 3 Monitor submission as part of the governance statement. Further information on the impact of safer staffing within the units to evaluate recruitment in to vacancies was being worked on as it was clear there were hot spots and band 5 acute care nursing vacancies were running at 25%. This was a serious issue the Board needed to be aware of and work was continuing to resolve this although it was a common problem with other trusts. The sickness rate of 4% in December had a big impact on the remaining workforce and Carolyn Green added that solutions to redistribute staff and remove hot spots should be sought. She also pointed out that lack of recruitment presented challenges with HEEM (Health Education East Midlands). She had noticed that when graduates were on final placement in private sector they are more likely to seek a role in these areas and she was working on utilising the Trust's unique selling points to ensure our organisation was the area of choice. She found it interesting to note from inductions there was an element of returning staff and this would be looked into. **ACTION: Jayne Storey to monitor/analyse attendance at inductions.** **ACTION: Ifti Majid and Jayne Storey to hold discussions on the presentation of the workforce dashboard.** **<u>WAITING TIMES DEEP DIVE</u>:** Ifti Majid made the Board aware that high level data was emerging from the analysis undertaken into waiting times within the Trust and these were summarised as follows: • 29.44% of CAMHS patients waited or are waiting longer than 5 weeks. By 10 weeks 90.65% of patients have been seen by the service. • A slight difference was found in the average time women were seen compared to men but this result was considered negligible • People over the age of 70 and under 20 were seen sooner than the rest of the patients • Waiting times by ethnicity was difficult to analyse • There was a significant variation in the length of time people were currently waiting to be seen in the Psychology Service Referrals would be monitored in order to manage people on these waiting lists and there was an indication that information within the PARIS system would be

	of help and had shown there were hot spots in Erewash, Chesterfield and Derby City and urgent cases will be responded to. The Chairman welcomed the fact that updates on progress would form a regular part of the performance reports going forward as it would be valuable to have this information on an ongoing basis. It was pointed out that external referrals tended not to be front line and pathfinder teams would work on this first before progression through the recovery team. If patients were discharged by the recovery team and still on the wait list GPs would be asked to work with patients on a shared risk assessment. All teams would help in managing waits and reprioritise cases as necessary. Petrina Brown updated the Board on what was being done to address the wait times in addition to the routine case load. Strategies had been developed with emergency care front line staff to support delivery of psychological groups and this seemed to have had a positive effect. A training scheme for DBT staff would take place in March and it was thought this would increase capacity. It was a concern that support staff were required to cover long term absence and vacancies and an evaluation was taking place on how to retain staff at lower grades and to prioritise front line working on psychological therapies. Training and opportunities would be developed further to build up capacity and review of the referral system to other services i.e. cognitive behavioural therapy, psychology was required. It was agreed that there is work to be done on the ratio of psychologists to service users due to a generic under commissioning and the Trust was under resourced in these areas. The patient experience reports showed the cases waiting for services and psychologists and this was evident on the risk register shared with commissioners and commissioners belonged to a specific working party to try and resolve psychological therapies across the county. Maura Teager asked whether there was evidence of any inappropriateness in referrals that could be sign-posted back to other areas. Petrina Brown replied that discussions took place amongst the teams at the point of consideration to referrals. Carolyn Green requested that Petrina Brown produced a report on working with psychology teams to improve waiting times and to look at support management within the Quality Committee. It was agreed that a report on waiting times should be provided regularly to the Finance & Performance Committee. **ACTION: Data on waiting times would be reported to the Finance and Performance Committee as part of the Performance Report on a regular basis.** **ACTION: Report on working with psychology teams to improve waiting times to be taken to the Quality Committee for support.** **ACTION: Contract issues would be revisited and factored into neighbourhoods and skill mixing.** **RESOLVED: The Board acknowledged the current performance of the Trust and noted the actions in place to ensure improved/sustained performance.**

DHCFT 2015/017	**EPR PROJECT – PARIS IMPLEMENTATION UPDATE AND LESSONS LEARNT** Ifti Majid's report provided the Board with an overview of the third roll-out of the PARIS system within the Trust that completes Phase 1 of the PARIS Implementation. The report described the process undertaken during the final migration, an understanding of the lessons learnt from previous rollouts and the current status of the Project. • All activities prior to implementation were completed successfully • Data had been successfully migrated from the CareNotes system to the PARIS system for all remaining services • The PARIS system went live for Older Adult Services and Specialist Services Teams as scheduled on 24 November • All Services which had previously used CareNotes had been successfully migrated to PARIS • Continued training, guidance, support and communication is going to be key over the next 12 months to ensure that PARIS becomes embedded into operational and clinical practice. Staff need to become as familiar with PARIS as they have been with CareNotes which they have used for 15 years • Work was now progressing on Phase Two of the project. The Board offered its ongoing support and understood that some individuals and professional groups found it more difficult to work with the PARIS system and that in some cases confidence in the system needed to grow. Ifti Majid alerted the Board to issues raised by consultant psychiatrists with respect to their confidence in the system and confirmed that the BAF had been updated to reflect this and the Audit Committee informed at its last meeting. Established user groups "super users" were working well to instil confidence in users. It was concerning to note that some the professional groups found the system challenging but more work was being carried out with these specific groups. The Board took assurance that the first phase of the PARIS Project had been successfully completed and that work continues to progress to the second phase. **ACTION: A further progress report would be brought to the Board in 6 months and forward plan to reflect this.** **RESOLVED: The Board of Directors:** **1. Acknowledged the significant amount of work that had been undertaken by the team to deliver the EPR system so far.** **2. Noted that all necessary activities set out in the Business Readiness Plan have been successfully completed. The Paris system was now live in All Services which had previously used CareNotes.**
DHCFT 2015/018	**FOR INFORMATION** **I. Board Forward Plan**

	It was agreed that the Board Forward Plan required a refresh. **ACTION: Refresh of Forward Plan would take place in consultation with all executives and changes co-ordinated through Sue Turner.** **II. <u>Deep Dive Selection</u>** It was agreed that Staffing Levels with a particular focus on Band 5 would be the subject of the deep dive for the next meeting. **III. <u>Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework</u>** The Board Assurance Framework (BAF) items 4a, 4b and 43 were discussed in detail at the Audit Committee on 23 January and new controls emerging from these deep dives would be built into the BAF. The Board took good assurance from the actions taken within the Audit Committee. The current operational risk register entries assigned to staffing levels were being reviewed and it was anticipated they would enter the top 5 risks monitored through the Quality Committee. **IV. <u>Comments from Public and Staff on Board Performance and Content</u>** No comments were received from observers. The Chairman and members of the Board were satisfied that a good level of challenge between executives took place at the meeting.
DHCFT 2015/019	**<u>CLOSE OF THE MEETING</u>** The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:30 pm.

<u>DATE OF NEXT MEETING</u>

The next meeting of the Board in public session is scheduled take place on Wednesday, 25 February 2015 at 1.00 pm. in Conference Rooms A & B, R&D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).